

**433-A**Form  
(Rev. December 2012)Department of the Treasury  
Internal Revenue Service**Collection Information Statement for Wage  
Earners and Self-Employed Individuals**

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. Answer all questions or write N/A if the question is not applicable.  
 Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. Answer all questions or write N/A if the question is not applicable.  
 For Additional Information, refer to Publication 1854, "How To Prepare a Collection Information Statement."

Include attachments if additional space is needed to respond completely to any question.

Name on Internal Revenue Service (IRS) Account	Social Security Number/SSN on IRS Account	Employer Identification Number/EIN

**Section 1: Personal Information**

1a Full Name of Taxpayer and Spouse (if applicable) <b>JAMES ANTHONY COSMANO</b>	1c Home Phone [REDACTED]	1d Cell Phone [REDACTED]
1b Address (Street, City, State, ZIP code) (County of Residence) <b>450 E. WATERSIDE DRIVE 1301 CHICAGO, IL 60601</b>	1e Business Phone [REDACTED] ( )	1f Business Cell Phone [REDACTED]
2a Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (Single, Divorced, Widowed)	2b Name, Age, and Relationship of dependent(s) N/A	
3a Taxpayer Social Security No. (SSN) [REDACTED]	Date of Birth (mmddyyyy) 05121964	Driver's License Number and State [REDACTED]
3b Spouse		

**Section 2: Employment Information for Wage Earners**

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

Taxpayer		Spouse	
4a Taxpayer's Employer Name N/A	5a Spouse's Employer Name		
4b Address (Street, City, State, and ZIP code)	5b Address (Street, City, State, and ZIP code)		
4c Work Telephone Number ( )	4d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	5c Work Telephone Number ( )	5d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer (years) (months)	4f Occupation	5e How long with this employer (years) (months)	5f Occupation
4g Number of withholding allowances claimed on Form W-4	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number of withholding allowances claimed on Form W-4	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

**Section 3: Other Financial Information (Attach copies of applicable documentation)**

6 Are you a party to a lawsuit (if yes, answer the following)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
7 Have you ever filed bankruptcy (if yes, answer the following)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.
Location Filed			
8 In the past 10 years, have you lived outside of the U.S. for 6 months or longer (if yes, answer the following)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
9a Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Place where recorded: Name of the trust, estate, or policy	Anticipated amount to be received \$		When will the amount be received
9b Are you a trustee, fiduciary, or contributor of a trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of the trust:	EIN:		
10 Do you have a safe deposit box (business or personal) (if yes, answer the following)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location (Name, address and box number(s)) <b>43 E. GOLF ROAD ARLINGTON HEIGHTS, IL 60005</b>	Contents <b>NOTHING</b>	Value \$	0
11 In the past 10 years, have you transferred any assets for less than their full value (if yes, answer the following)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred

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## Section 4: Personal Asset Information for All Individuals

<b>12 CASH ON HAND</b> Include cash that is not in a bank		<b>Total Cash on Hand</b>	\$ <b>0</b>
<b>PERSONAL BANK ACCOUNTS</b> Include all checking, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).			
Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of <u>02192015</u> <u>mmddyyyy</u>
13a SAVINGS	JPMORGAN CHASE BANK PO BOX 669754		\$ <b>754</b>
13b SAVINGS	JPMORGAN CHASE BANK PO BOX 669754		\$ <b>527</b>
13c			\$ <b>0</b>
<b>13d Total Cash</b> (Add lines 13a through 13c, and amounts from any attachments)			\$ <b>1,281</b>

**INVESTMENTS** Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of <u>02192015</u> <u>mmddyyyy</u>	Equity Value minus Loan
14a N/A				
	Phone	\$	\$	\$
14b	Phone	\$	\$	\$
14c	Phone	\$	\$	\$

**14d Total Equity** (Add lines 14a through 14c and amounts from any attachments) \$ **0**

AVAILABLE CREDIT	Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of <u>02192015</u> <u>mmddyyyy</u>	Available Credit As of <u>02192015</u> <u>mmddyyyy</u>
15a NORDSTROM PO BOX 79137 PHOENIX, AZ 85082-9137	Acct. No. [REDACTED]	\$ 10,000	\$ 623	\$ 9,377
15b CHASE PO BOX 15123 WILMINGTON, DE 19850-5123	Acct. No. [REDACTED]	\$ 10,500	\$ 0	\$ 10,500

**15c Total Available Credit** (Add lines 15a, 15b and amounts from any attachments) \$ **42,477**

**16a LIFE INSURANCE** Do you own or have any interest in any life insurance policies with cash value (Term Life Insurance does not have a cash value)

Yes  No If yes, complete blocks 16b through 16f for each policy.

16b Name and Address of Insurance Company(ies):			
16c Policy Number(s)			
16d Owner of Policy			
16e Current Cash Value	\$	\$	\$
16f Outstanding Loan Balance	\$	\$	\$

**16g Total Available Cash** (Subtract amounts on line 16f from line 16e and include amounts from any attachments) \$ **0**

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## REAL PROPERTY Include all real property owned or being purchased

	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equit FMV Minu
17a Property Description <b>CONDOMINIUM</b> Location (Street, City, State, ZIP code) and County 450 E. WATERSIDE DRIVE 1301 CHICAGO, IL 60601	01/2008	\$ 600,000	\$ 602,085	\$ 3,161	01/2038	\$
					Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and CAPITAL ONE 360 PO BOX 17000 BALTIMORE, MD 21297-1000	

Phone 18009339100

17b Property Description <b>RESIDENTIAL HOME- MOM'S HOME</b> Location (Street, City, State, ZIP code) and County 2202 LAWRENCE LANE MT. PROSPECT, IL 60056	08/1971	\$ 185,000	\$ 183,000	\$ 2,278	01/2038	\$
					Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and JPMORGAN CHASE PO BOX 9001871 LOUISVILLE, KY 40280-1871	

Phone 18009359938

17c Total Equity (Add lines 17a, 17b and amounts from any attachments)	\$
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## PERSONAL VEHICLES LEASED AND PURCHASED Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equit FMV Minu
18a Year <b>2004</b> Make/Model <b>JEEP WRANGLER</b> License/Tag Number <b>V98 4008</b>	01/2008	\$ 1800	\$ 0	\$ 0		\$
Mileage <b>105,000</b>					Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone	
Vehicle Identification Number <b>1J4FA30574P704391</b>					N/A	
18b Year Make/Model		\$	\$	\$		\$
Mileage	License/Tag Number				Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone	
Vehicle Identification Number						

Phone

Phone

Phone

18c Total Equity (Add lines 18a, 18b and amounts from any attachments)	\$
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**PERSONAL ASSETS** Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equit FMV Minu
19a Property Description <b>N/A</b> Location (Street, City, State, ZIP code) and County		\$	\$	\$		\$
					Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone	
19b Property Description		\$	\$	\$		\$

02/20/2015

11:52AM (GMT-06:00) Pk

If you are self-employed, sections 6 and 7 must be completed before continuing.

## Section 5: Monthly Income and Expenses

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items <sup>6</sup>	Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) <sup>1</sup>	\$ 0.85	Food, Clothing and Misc. <sup>7</sup>	\$ 600	
21 Wages (Spouse) <sup>1</sup>	\$ 0.86	Housing and Utilities <sup>8</sup>	\$ 4500	
22 Interest - Dividends	\$ 0.87	Vehicle Ownership Costs <sup>9</sup>	\$ 0	
23 Net Business Income <sup>2</sup>	\$ 0.88	Vehicle Operating Costs <sup>10</sup>	\$ 500	
24 Net Rental Income <sup>3</sup>	\$ 0.89	Public Transportation <sup>11</sup>	\$ 0	
25 Distributions (K-1, IRA, etc.) <sup>4</sup>	\$ 0.90	Health Insurance	\$ 0	
26 Pension (Taxpayer)	\$ 0.91	Out of Pocket Health Care Costs <sup>12</sup>	\$ 0	
27 Pension (Spouse)	\$ 0.92	Court Ordered Payments	\$ N/A	
28 Social Security (Taxpayer)	\$ 0.93	Child/Dependent Care	\$ N/A	
29 Social Security (Spouse)	\$ N/A	Life Insurance	\$ 0	
30 Child Support	\$ N/A	Current year taxes (Income/FICA) <sup>13</sup>	\$ 0	
31 Alimony	\$ N/A	Secured Debts (Attach list)	\$ 0	
Other Income (Specify below) <sup>5</sup>	\$ 0.94	Delinquent State or Local Taxes	\$ 0	
32	\$ 0.95	Other Expenses (Attach list)	\$ 0	
33	\$ 0.96	Total Living Expenses (add lines 35-48)	\$ 5800	
34 Total Income (add lines 20-33)	\$ 0.97	Net difference (Line 34 minus 49)	\$ 0	

1 **Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries:

If paid weekly - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid biweekly (every 2 weeks) - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semiannually (twice each month) - multiply semiannually gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

2 **Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. This figure is the amount from page 6, line 89. If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

3 **Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.

4 **Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. Enter total distributions from IRAs if not included under pension income.

5 **Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, etc.

6 **Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.

7 **Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.

8 **Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.

9 **Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.

10 **Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

11 **Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)

12 **Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

13 **Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature <i>James Cormier</i>	Spouse's signature	Date <i>2-19-15</i>
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After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

**Sections 6 and 7 must be completed only if you are SELF-EMPLOYED.****Section 6: Business Information**

61 Is the business a sole proprietorship (filling Schedule C)  Yes, Continue with Sections 6 and 7.  No, Complete Form 433-B.  
 All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

62 Business Name & Address (if different than 1b)

**COSMANO LAW OFFICES, 1900 E. GOLF RD., SUITE 850 SCHAUMBURG, IL 60173**

63 Employer Identification Number	64 Type of Business <b>ATTORNEY</b>	65 Is the business a Federal Contractor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
66 Business Website (web address) <b>N/A</b>	67 Total Number of Employees <b>0</b>	68 Average Gross Monthly Payroll <b>0</b>
69 Frequency of Tax Deposits <b>0</b>	70 Does the business engage in e-Commerce (Internet sales) If yes, complete lines 61a and 61b	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PAYMENT PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name & Address (Street, City, State, ZIP code)		Payment Processor Account Number
<b>81a N/A</b>		
<b>81b</b>		

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Credit Card	Merchant Account Number	Issuing Bank Name & Address (Street, City, State, ZIP code)
<b>62a VISA, DISCOVER</b>		<b>BANK OF AMERICA MERCHANT REPORTING PO BOX 6608 HAGERSTOWN MD 21741-6608</b>
<b>62b</b>		
<b>62c</b>		

63 BUSINESS CASH ON HAND Include cash that is not in a bank. **Total Cash on Hand \$ 0**  
 BUSINESS BANK ACCOUNTS Include checking accounts, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.). Report Personal Accounts in Section 4.

Type of Account	Full name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of <u>0219/15</u> <u>mmddyyyy</u>
<b>64a CHECKING</b>	<b>JPMORGAN CHASE BANK PO BOX 659754 SAN ANTONIO, TX 78265-9754</b>		<b>\$ 883</b>
<b>64b CHECKING</b>	<b>JPMORGAN CHASE BANK PO BOX 659754 SAN ANTONIO, TX 78265-9754</b>		<b>\$ 814</b>
			<b>\$ 6,220</b>

64c Total Cash in Banks (Add lines 64a, 64b and amounts from any attachments)  
 ACCOUNTS/NOTES RECEIVABLE Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) Include Federal, state and local government grants and contracts.

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
<b>65a N/A</b>				<b>\$</b>
<b>65b</b>				<b>\$</b>
<b>65c</b>				<b>\$</b>
<b>65d</b>				<b>\$</b>
<b>65e</b>				<b>\$</b>

66f Total Outstanding Balance (Add lines 65a through 65e and amounts from any attachments) **\$ 0**

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**BUSINESS ASSETS** Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

Value of all intangible assets (see line 6a)	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
66a Property Description		\$	\$	\$		\$ 0
N/A	Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone		
				Phone		
66b Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
				Phone		
68c Total Equity (Add lines 66a, 66b and amounts from any attachments)				\$ 0		

**Section 7 should be completed only if you are SELF-EMPLOYED**

**Section 7: Sole Proprietorship Information** (lines 17 through 37 should reconcile with *Statement of Assets, Liabilities, and Net Worth*)

Accounting Method Used:  Cash  Accrual

**Accounting Method Used:**  **Cash**  **Accrual**  
**How many 12 month periods do you expect to determine your typical business income and expenses?**

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses. To (mmddyyyy) 02/10/2015

Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)		
Source	Gross Monthly	Expense Items	Actual Monthly	
67 Gross Receipts	\$ 800	77 Materials Purchased <sup>1</sup>	\$	0
68 Gross Rental Income	\$ 0	78 Inventory Purchased <sup>2</sup>	\$	0
69 Interest	\$ 0	79 Gross Wages & Salaries	\$	0
70 Dividends	\$ 0	80 Rent	\$	65
71 Cash Receipts not Included in lines 67-70	\$ 0	81 Supplies <sup>3</sup>	\$	200
Other Income (Specify below)		82 Utilities/Telephone <sup>4</sup>	\$	150
72	\$	83 Vehicle Gasoline/Oil	\$	500
73	\$	84 Repairs & Maintenance	\$	80
74	\$	85 Insurance	\$	70
75	\$	86 Current Taxes <sup>5</sup>	\$	0
76 Total Income (Add lines 67 through 75)		87 Other Expenses, Including installment payments (Specify)	\$	2500
		88 Total Expenses (Add lines 77 through 87)	\$	4585
		89 Net Business Income (Line 76 minus 88) <sup>6</sup>	\$	0

Enter the monthly net income amount from line 89 on line 23, section 5. If line 89 is a loss, enter "0" on line 23, section 5.  
Self-employed taxpayers must return to page 4 to sign the certification.

**1 Materials Purchased:** Materials are items directly related to the production of a product or service.

## 2. **Inventory Purchases:** Goods bought for resale.

3 **Supplies:** Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

**4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business Internet.

## 5 Current Taxes: Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.

**8 Net Business Income:** Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

IRS USE ONLY (Notes)

OTHER BUSINESS EXPENSES PER MONTH

<u>DESCRIPTION - ADVERTISING</u>	<u>AMOUNT</u>
STAMPS	1900
CARTRIDGES AND PAPER	600
DATA INFORMATION	<u>900</u>
TOTAL ADVERTISING	3,500